

**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED  
Apr 28, 2006 08:00 AM  
Secretary of State**

DOCUMENT # A04000002043	
1. Entity Name CD98 CHALLOP SOUTH, LTD.	
Principal Place of Business 1350 EAST NEWPORT CENTER DRIVE, STE. 206 DEERFIELD BEACH, FL 33442	Mailing Address 1350 EAST NEWPORT CENTER DRIVE, STE. 206 DEERFIELD BEACH, FL 33442



04212006 No Chg-LP CR2E003 (11/05)

4. FEI Number 20-2084080	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

KAY LAW OFFICES  
C/O JAMES R. KAY, ESQ.  
700 VILLAGE SQUARE CROSSING, STE. 102B  
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

010000543311  
05/10/06-80131-016 508.75

STAPLE CHECK HERE

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	A04000002042 FLATAUR CD98, LTD. 1350 EAST NEWPORT CENTER DRIVE, STE. 206 DEERFIELD BEACH, FL 33442
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** **Linda G. Kassof** **04/27/2006** **(954) 428-4585**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #